

**NH STATE BOARD OF BARBERING,
COSMETOLOGY, AND ESTHETICS
2 INDUSTRIAL PARK DRIVE
CONCORD NH 03301
603 271-3608**

QUESTIONNAIRE FOR APPLICANTS and LICENSEES

- Ø **This questionnaire must be completed, signed, and sent to the NH Board of Barbering, Cosmetology, and Esthetics at the above address with your application for licensure or renewal. The NH Board of Barbering, Cosmetology, and Esthetics will issue no application, license, renewal, or work permit without this form being completed. (If additional space is required for explanation use other side.)**

INITIAL (No questionnaire on file with the Board)

RENEWAL (I have a questionnaire on file. These questions are being answered since my last application)

- Ø **PLEASE CIRCLE WHICH ONE PERTAINS TO THIS QUESTIONNAIRE: (Circle one) INITIAL RENEWAL**

1. Have you been convicted of any felony or misdemeanor, **other than a traffic violation**, which has not been annulled by a court? (Circle one) YES NO
If yes, describe the nature of the offense or felony, when convicted, the penalty imposed by the court, terms of probations, if any, and any continuing court requirements.
2. Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A (Circle one) YES NO **If yes explain:**
3. Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A? (Circle one) YES NO **If yes, Explain:**

I hereby certify that the statements made in this renewal application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest or misleading answer may be grounds for 1) denial of this application; 2) disciplinary action against my license; and further that 3) false statements are punishable by law.

Applicant Signature: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Telephone _____ Social Security No. _____